| LU9UI | 12231 |
|---|---|
| | |
| (Requestor's Name) | |
| (Address) | |
| (Address) | 000302147200 |
| (City/State/Zip/Phone #) | |
| | |
| | |
| (Business Entity Name) | 08/10/1701011023 ★+25.00 |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | 17 AUG |
| | GIO PHED |
| | AUG 10 PM 1: 49 AUG 10 PM 1: 49 Landssee, FLORIDA |
| | |
| Office Use Only | |
| | S. WARREN |
| | AUG 1 1 2017 |
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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

TO: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Jiminez ashley.jiminez@cscglobal.com

Date: August 8, 2017

Order#: 758394/035

Re: STERLING FIN. & MGMT, LLC

Enclosed please find:

 \underline{XX} Change of Registered Agent and Office. \underline{XX} Check in the amount of \$25.00.

Please take the following action:

XXFile in your office on a routine basis.XXIssue Proof of Filing.XXReturn Regular Mail in the enclosed envelope.

Attn:Ashley Jiminez c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| 1. | Name of the limited | liability company: | STERLING FIN. & MGMT, LLC | |
|----|---------------------|--------------------|---------------------------|--|
| | | | | |

| 2. | (a) | 2950 NORTH 28TH TERRACE | (b) | 2950 NORTH 28TH TERRACE |
|------------------|---------------------|--|--------------------------------------|--|
| | | Principal office address of limited liability company: (<i>Note: MUST BE STREET ADDRESS</i>) | _ , , , | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON) |
| | | HOLLYWOOD, FL 33020 | _ | HOLLYWOOD, FL 33020 |
| | | 12/18/2009 | _ | L09000120231 |
| 3. | | Date of filing/registration in Florida | 4. | Document number |
| 5. | (a) | KALLICHE, ANTHONY A | | |
| | | Registered Agent and Registered Office shown on the records of th | ne Florida I | Dept. of State: |
| | | | | |
| | | Registered Office Address (MUST BE FLORIDA STREET A | DDRESS) | |
| | | 2950 NORTH 28TH TERRACE | | |
| | | | 33020 | THEED |
| | <u>/L \</u> | Corporation Service Company | | |
| | (b) | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u> |)ffice add | |
| | | | | 54 B |
| | | 1201 Hays Street | | |
| | | <u>NEW</u> Registered Office Address: | | |
| | | | | |
| | | | | |
| | | Tallahassee FL_ | 32301 | |
| the age wa | cha nt v s/we | mited liability company is not organized under the law nge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l | the regist bility cor the limi | ered office and the business office of the registered npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in |
| | | /s/ Michael Natale | Mich | ael Natale, Authorized Person |
| S | ignat | ure of a member or authorized representative of a member | | Printed or typed name of signee |

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent Corporation Service Company By: Grace E. Kirby, Asst. Vice President

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00